

**PRINT in INK**

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<b>Stipulation Dismissing Divorce/Legal Separation</b>
Enter the name and address of the petitioner. If joint petitioners, enter the name of the wife.	In RE: The marriage of <b>Petitioner/Joint Petitioner-Wife</b> _____ First name                      Middle name                      Last name _____ Address _____ Address _____ City                                      State                      Zip	
Enter the name and address of the respondent. If joint petitioners, enter the name of the husband.	<b>Respondent/Joint Petitioner-Husband:</b> _____ First name                      Middle name                      Last name _____ Address _____ Address _____ City                                      State                      Zip	
Enter the case number.		

Case No. \_\_\_\_\_

**IT IS STIPULATED:**

1. The above parties have reconciled.
2. This action may be dismissed without further costs to either of the parties.
3. An order may be entered without notice to either of the parties.
4. Any income assignment shall end when the state has been paid in full. The state reserves the right to collect on any debts owed to it.
5. Warrants:  
☐ A. There are **no** outstanding warrants to arrest issued in this action.  
☐ B. There are outstanding warrants to arrest issued in this action.  
**Explain:** \_\_\_\_\_

**Note to the parties:** This stipulation does not affect any domestic abuse, harassment, or child abuse injunctions under §813, Wisconsin Statutes currently in effect.

The wife must sign her name. Enter the date on which it was signed.  <b>Note:</b> This form does not need to be notarized.
The husband must sign his name. Enter the date on which it was signed.  <b>Note:</b> This form does not need to be notarized.

▶	_____
	Wife
	_____
	Print or Type Name
	_____
	Date
▶	_____
	Husband
	_____
	Print or Type Name
	_____
	Date

**State of Wisconsin, Child Support Agency**

If either party is receiving public assistance or there is a caseworker from the Child Support Agency assigned to your case, you must take this agreement to the Child Support Agency in your county for their approval.

If not, mark not required.

- ☐ Approved  
☐ Not Approved  
☐ Not Required

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date